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12/09/2003

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/847,484	05/02/2001	Yaakov Navon			6727/0J281US0	6242
TITLE OF INVENTION: FAST BARCODE SEARCH					IL9-00.080	)
	,					
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	03/09/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS	7	
LEE, SEUNG H		2876		235-462140		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  Rec. 5/2/01 R/F: 011785/0476  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  INTERNATIONAL BUSINESS MACHINES CORPORATION  ARMONK, NEW YORK						
Please check the appropriate assignee category or categories (will not be printed on the patent); undividual XX corporation or other private group entity up governm						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
XXSsue Fee			XXX A check in the amount of the fee(s) is enclosed. \$1630.00			
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Advance Order - # of Copies			XX The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).			
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(Authorized Signature) (Date)

<u>25,351</u>

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03/05/2004 FMETEKI2 00000032 09847484

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